STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135

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STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: Philip A Custis	Please check the appropriate box and fill in the District number.
MAILING ADDRESS: 93 Blacker 11 Sill Pol CITY: MAdison Me	Member of the Senate, District
ZIP CODE: <u>04950</u>	· -
PHONE NUMBER: 207-696-3052	\angle Member of the House, District 86

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. *Dollar amounts need not be listed*.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

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Disclosure statements are made available to members of the public upon request,

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Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer	Address	Principal Type of Economic Activity of Employer
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income. If associated with a part economic activity of that entity.	OM SELF-EMPLOYMENT. (For Leg our business, if any, and list the major are tnership, firm, professional association, or	islators who are self-employed.) as of economic activity from which you deriv t similar business entity, list the major areas o
of Business Entity	or Areas of Economic Activity (self) Road Coresultant Services	Major Areas of Economic Activity (partnership, association or similar business entity)
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derived such income. If this form		tivity of the entity or person from whom you
derived such income. If this form specify only the principal type of Name of Source Source Source	a specify the principal type of economic act of disclosure is prohibited by law, rule, of economic activity of the entity or person and activity of the entity of person activity of the entity	or person from whom you or an established code of professional ethics, from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
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Name of Source Source Cacuty Marketo Do T RT III. MAJOR AREAS OF PRActice. If associated with a law firm, li	Address Address CTICE. (For Legislators who are attornist the major areas of Practice (self)	or an established code of professional ethics, from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income Source of Income The top of Couls Couls.
Name of Source Sold 13 1 Cach Ty RT III. MAJOR AREAS OF PRActice. If associated with a law firm, li Name and Address of Firm	Address Address CTICE. (For Legislators who are attornist the major areas of Practice (self)	principal Type of Economic Activity of Entity or Person Who Is the Source of Income Major Areas of Practice (firm)

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state. Name of Source 1. Philip Coatis Regtals moolising Rents + Ligges PART V. DISCLOSURE OF REPORTABLE LIABILITIES. List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list loans from a relative. If none, so state. Principal Type of Economic Name of Creditor Address of Creditor Activity of Creditor 2. ______ PART VI. DISCLOSURE OF GIFTS. Name the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. If none, so state. 2.______4._____ PART VII. DISCLOSURE OF HONORARIA. List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, so state. 1. <u>Hother</u> 3. 2._____ 4,____ 4,_____ PART VIII. REPRESENTATION BEFORE STATE AGENCIES. Identify each executive branch agency before which you represented or assisted others for compensation of any amount. If none, so state. 1. _______ 3. ______ 2.______4.____

- 1 Com / ALD 1/01	es with a value in excess of \$1,000 during the reporting period. If none, so state
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ART X. INCOME RECEIVED BY ME	EMBERS OF IMMEDIATE FAMILY.
ist the type of economic activity representing	ng each source of income of \$1,000 or more received by your spouse or depend to kind of income represented. Do not include gifty. In the contract of the contr
come received by spouse and (D) beside so	ng each source of income of \$1,000 or more received by your spouse or depend to kind of income represented. Do not include gifts. Indicate (S) beside source ources of income received by dependent(s).
Type of Economic Activity	
Representing Each Source of	
Income Received	Kind of Income
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